

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima Ariz

District of _____

Town of _____

or _____

City of MiamiBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 171County Registrar No. 418

Local Registrar No. _____

No. 2119 Live Oak

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ricardo Cruz Sandoval

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

7. Date of birth Sept. 26 1927
Month day year

6. No., in order of birth

8. FATHER

Full name Cruz Sandoval9. Residence 2119 Live Oak St
(Usual place of abode)

If nonresident, give place and state

14. MOTHER

Full maiden name Teodmida Remy15. Residence 2119 Live Oak St
(Usual place of abode)

If nonresident, give place and state

10. Color or race

Mexican11. Age at last birthday 35 (Years)

16. Color or race

Mexican17. Age at last birthday 21 (Years)12. Birthplace (city or place) San Pedro de Coruiles(State or country) Chihuahua Mex18. Birthplace (city or place) Chihuahua(State or country) Mexico

13. Occupation

Nature of industry Miner

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 3
(b) Born alive but now dead 3
(c) Stillborn21. Were precautions taken against oph-
thalmia neonatorum?Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2:30 p.m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
supplemental report

Signature

Address

Rosa Cortez
(Physician or midwife)

Filed

Sept 30 1927

Local Registrar.

Filed

19

County Registrar.

Registrar.

Month, day, year.

933-926-359